

**Materials and methods** Twenty-five patients with EAH took part in the study, stage 1–2, mean age was  $67.6 \pm 6.1$ . The assessment of cognitive functions embraced a quantitative measurement of intelligence quotient (IQ) with the Wechsler Adult Intelligence Scale (Wechsler, 1955), and investigation into qualitative features of cognitive processes with Luria's neuropsychological assessment scheme (Luria, 1980) and Zeigarnik's procedure of pathopsychological study (Zeigarnik, 1972).

**Results** Within the psychological syndrome structure of CD in EAH patients the leading part is played by the neuro-dynamic factor, manifested in general lability, slowing down, and sudden exhaustion caused by reduction in energy of mental activity. The conclusion is supported by the high frequency of described symptoms among EAH patients and low dynamics of their reduction against the antihypertensive therapy (Pervichko et al., 2014, 2015). However, performance of experimental tasks makes 30% of EAH patients reveal reduced motivation. They would achieve poor results in general scoring, if compared with the group of highly motivated participants. Correlation analysis data show the interconnection between frequency disturbances in motivation and frequency in occurrence of various signs of cognitive decline, such as low efficiency in memorization and delayed recall, as well as low IQ indices.

**Conclusions** The data provide a strong argument to support the hypothesis of particular importance of motivational factor of cognitive efficiency in elderly EAH patients.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV740

### Case-report and review of selective serotonin reuptake inhibitors-induced delirium in older adults

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**Introduction** Selective serotonin reuptake inhibitors (SSRIs) are the most widely prescribed antidepressants with generally fewer side effects than most other types of antidepressants. However, in frail elderly, the use of SSRIs was anecdotally reported as a potential cause of a delirium.

**Objectives** To present a case of citalopram-induced delirium in an older adult diagnosed with late-life depression.

**Aims** To review available literature on SSRI-induced delirium.

**Methods** A case report is presented and discussed, followed by a literature review.

**Results** Seven published cases of SSRI-induced delirium in older adults (>60years) were found while searching through Pubmed and Embase. Our case of a 75-year-old female is also included in this report. This patient was ambulatory treated with citalopram 20mg per os against depressive symptoms and she developed a delirium four days after the initiation of the therapy. Blood tests were normal and CT scan showed no significant findings. No other medical evidence was found that could explain her delirium. Her symptoms finally resolved after discontinuation of citalopram.

**Conclusion** The on- and off-treatment side-effect correlation by a segregate oral use of citalopram strongly suggests that SSRIs may have the potential to cause a delirium, especially in frail elderly. Further research on this topic is needed.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV742

### Differential diagnosis based on age. Diagnostic difficulties

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**Introduction** Following a case presented in our inpatient unit as well as various interdepartmental from internal medicine and other emergencies, we decided to conduct a literature review on the different organic causes that can trigger the onset of psychotic symptoms in elderly.

**Objectives** A correct differential diagnosis of psychiatric symptoms in elderly.

**Aims** Literature review of the literature on the presentation of psychotic symptoms in the elderly.

**Methods** Description of a clinical case and development of diagnostic hypotheses.

**Results and conclusions** For several decades are experiencing a gradual aging of the population, which means that we are at the onset of clinical symptoms not described by classical authors. Furthermore, scientific advances make infectious causes (such as neurosyphilis was our first diagnostic hypothesis) are increasingly rare. The elderly usually has multiple comorbidities, which are receiving various treatments that must be ruled out possible adverse effects.

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#### EV743

### Spousal caregiving for Parkinson's disease: Life changing dynamics

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Although worldwide estimates of the prevalence of Parkinson's disease (PD) have been difficult to obtain, it is agreed that the frequency of cases is rising with the increase in human life expectancy. Spouses often assume the primary responsibility for individuals with PD and this considerable burden impacts all aspects of the caregivers' (CG) and their families' lives. Few have formal training in administering health care; yet they are required by necessity to undertake the CG role. We constructed two questionnaires specified for PD (84 items) and their CG (81 items). Both were either mailed or emailed to 256 people from a PD association list. We also conducted in person interviews with 8 pairs of PD and CG. The questionnaires and interviews included a wide range of topics such as health history and change, physiological health, social engagement, support availability, stressors, emotional health, sleep, financial concerns, and overall QoL. Fifty-nine participants responded to the questionnaire (PD: 20 males, mean age 73.42; 11 females, mean age 77.73; (CG: 4 males, mean age 85.25; 24 females, mean age 69.13). We analyzed data specific to CG and also made comparisons between the CD and PD groups. Findings revealed increasingly significant physiological and psychiatric issues for both the PD and CG. PD reported greater satisfaction with support systems while CG expressed concern regarding the paucity of support for themselves. The presence of PD creates a multifaceted exponential increase in challenges to QoL for both PD and their CG with the latter receiving little support.

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